



# Home Nursing Service Registration

## Details

Business name  ABN

Contact person  Email

Contact phone  Website

Business address

<input type="text"/>		
Suburb <input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>

Business postal address (if different from business address)

<input type="text"/>		
Suburb <input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>

**Public Liability** or **Professional Indemnity Insurance** is a requirement of provider registration.

Please confirm a copy of your current insurance is attached.

**Private Practice** – we will only pay a benefit toward services provided in private practice. Please tick to confirm that the business:

Does not receive income or subsidies from any publicly funded body.

Derives its income solely from fees charged to patients.

**We will only pay a benefit towards Home Nursing services provided by a Registered Nurse.**

If you employ other providers (eg. ENs, AINs, Community Carers), we will need to call you when a claim is received to verify the qualifications of the person providing the Home Nursing service in question. Please tick one of the following options:

Only Registered Nurses will attend nib members requiring Home Nursing.

Home Nursing services are provided by RNs as well as other providers. We are able to verify the provider if given the date of service and patient details.

## Declaration

By signing this form you are agreeing to abide by Recognised Ancillary Providers Terms and Conditions available at [nib.com.au/providers](http://nib.com.au/providers)

You also consent to nib collecting, using or disclosing your personal information for the purposes set out in the nib Privacy Policy and you agree to abide by the nib Privacy Policy available at [nib.com.au/privacy](http://nib.com.au/privacy)

Print name  Position

Signature

Date

## Need help?



Call: **1300 853 530**  
Mon to Fri: 9am - 5pm (AEST)



Email: [providers@nib.com.au](mailto:providers@nib.com.au)

**Please return your completed form via**



Mail: **Reply Paid 62208, Locked Bag 2010,**  
**Newcastle NSW 2300**



Email: [providers@nib.com.au](mailto:providers@nib.com.au)